

Mr. James Lacy
Past President and Chair of the Polio Eradication Advocacy Task Force
Cookeville, Tennessee

May 12, 2010
2:00 PM to 4:30 PM

Rotary International

The Global Polio Eradication Initiative is an unprecedented model of cooperation among national governments (led by the United States), civil society (led by Rotary International) and UN agencies to work together to eliminate the crippling disease of polio from the world. The prospects for polio eradication are better than ever in terms of the low level of polio incidence and commitment to polio eradication in the polio endemic and outbreak countries.

For Fiscal Year 2011, we respectfully request that the Labor, Health and Human Services, Education and Related Agencies Appropriations Subcommittee include \$102 million for the targeted polio eradication efforts of the Centers for Disease Control and Prevention (CDC). These funds will allow CDC to continue intense supplementary immunization activities in Asia and improve the quality of immunization campaigns in Africa to ensure we meet the goal of interrupting transmission of wild polio in these regions as quickly as possible. These funds will also help maintain certification standard disease surveillance, which is essential to protecting against and responding to outbreaks.

Chairman Obey, Representative Tiahrt, members of the Subcommittee, Rotary International appreciates this opportunity to submit testimony in support of the polio eradication activities of the U. S. Centers for Disease Control and Prevention (CDC). The Global Polio Eradication Initiative is an unprecedented model of cooperation among national governments, civil society and UN agencies to work together to reach the most vulnerable through a safe, cost-effective public health intervention, and one which is increasingly being combined with opportunistic, complementary interventions such as the distribution of life-saving vitamin A drops, oral rehydration therapy, zinc supplements, and even something as simple as the distribution of soap. The goal of a polio free world is within our grasp because polio eradication strategies work even in the most challenging environments and circumstances.

PROGRESS IN THE GLOBAL PROGRAM TO ERADICATE POLIO

I would like to take this opportunity to thank you, Chairman Obey, Representative Tiahrt, and members of the Subcommittee for your tremendous commitment to this effort. Thanks to your leadership in appropriating funds, progress toward a polio-free world continues.

- Only 4 countries (Nigeria, India, Pakistan and Afghanistan) are polio-endemic – the lowest number in history.
- The number of polio cases has fallen from an estimated 350,000 in 1988 to slightly more than 1,600 in 2009 – a more than 99% decline in reported cases.
- As of 16 April, 2010, the number of polio cases globally is 75% less than at the same point in 2010.
- In Nigeria, the only polio endemic country in Africa, cases of type 1 polio declined by 90% in 2009. This dramatic improvement is a direct result of increased ownership from national and state governments, and religious and traditional leaders. As of 16 April 2010, Nigeria was reporting only 1 case of polio. By this point in 2009, polio had paralyzed 171 children.
- Transmission of polio in India has been reduced to the point that it is now focused in 107 blocks - a geographic area that comprises about 2% of the country. India now has one remaining genetic chain of type-1 transmission - down from nine four years ago.
- Bivalent oral polio vaccine was introduced at the end of 2009 as a tool that effectively targets both of the remaining strains of polio, thus facilitating planning and logistics.
- Twelve of the twenty re-infected countries in 2009 & 2010 have not reported a case of polio in the last 4 months.
- From 6-8 March, 2010, 16 countries took part in a pre-planned synchronized immunization campaign across Africa. Political interest in the campaigns was extensive - six Heads of State and one First Lady launched the campaigns. This included the critical new involvement of the President of Chad, who declared "war against polio".

In summary, significant operational progress was made in 2009. The progress already made in 2010 shows the Global Polio Eradication Initiative is well positioned to make additional significant gains, given sufficient resources to conduct vital polio immunization and surveillance activities. Rotary, as a spearheading partner of the Global Polio Eradication Initiative, will continue to pursue aggressive progress as outlined in the Strategic Plan for 2010-12.

The ongoing support of donor countries is essential to assure the necessary human and financial resources are made available to polio-endemic countries to take advantage of the window of

opportunity to forever rid the world of polio. Access to children is needed, particularly in conflict-affected areas such as Afghanistan and its shared border with Pakistan. Polio-free countries must maintain high levels of routine polio immunization and surveillance. The continued leadership of the United States is essential to ensure we meet these challenges.

THE ROLE OF ROTARY INTERNATIONAL

Since 1985, Rotary International, a global association of more than 30,000 Rotary clubs, with a membership of over 1.2 million business and professional leaders in more than 200 countries, has been committed to battling this crippling disease. In the United States today there are more than 7,700 Rotary clubs with over 375,000 members. Rotary International stands hand-in-hand with the United States Government and governments around the world to fight polio through local volunteer support of National Immunization Days, raising awareness about polio eradication, and providing financial support for the initiative.

Rotarians have reaffirmed their own commitment to achieve polio eradication and have already raised more than half of the fund are currently in the midst of their third fundraising campaign, “Rotary’s US\$200 Million Challenge,” in response to an extraordinary challenge grant of US\$355 million global for polio eradication from the Bill & Melinda Gates Foundation. By the time the world is certified polio free, Rotary’s contribution to global polio eradication will exceed US\$1.2 billion – second only to that of the United States Government. These funds have been allocated for polio vaccine, operational costs, laboratory surveillance, cold chain, training and social mobilization in 122 countries.

In addition to providing financial support, Rotarians in other donor countries are working to ensure that those countries, particularly G8 member states, continue their vital financial support. Meanwhile, our Rotarian leaders in the remaining polio-affected countries work to ensure political commitment from the community level all the way to the head of state level. We are doing our best to ensure that we finish the job into which so much has been invested.

Rotary also leads the United States Coalition for the Eradication of Polio, a group of committed child health advocates that includes the March of Dimes Birth Defects Foundation, the American Academy of Pediatrics, the Task Force for Child Survival and Development, the United Nations Foundation, and the U.S. Fund for UNICEF. These organizations join us in expressing appreciation to you for your staunch support of the Global Polio Eradication Initiative.

THE ROLE OF THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Rotary commends CDC for its leadership in the global polio eradication effort, and greatly appreciates the Subcommittee’s support of CDC’s polio eradication activities. The investment in this global effort has helped to make the United States the leader among donor nations in the drive to eradicate this crippling disease. Due to Congress’s unwavering support, in FY2010 CDC was able to:

- Support the international assignment of more than 358 long- and short-term epidemiologists, virologists, and technical officers to assist the World Health Organization and polio-endemic countries to implement polio eradication strategies, and 29 technical staff on direct assignment to WHO and UNICEF to assist polio-endemic countries.

- Provide \$46.2 million to UNICEF for approximately 259 million doses of polio vaccine and \$5.7 million for operational costs for NIDs in all polio-endemic countries and other high-risk countries in Asia, the Middle East and Africa. Most of these NIDs would not take place without the assurance of CDC's support.
- Work with UNICEF to take advantage of the World Bank buy-down mechanism by providing \$6 million to leverage the purchase of 298.4 million doses of oral polio vaccine in Pakistan.
- Provide more than \$29 million to WHO for surveillance, technical staff and NIDs' operational costs, primarily in Africa. As successful NIDs take place, surveillance is critical to determine where polio cases continue to occur. Effective surveillance can save resources by eliminating the need for extensive immunization campaigns if it is determined that polio circulation is limited to a specific locale.
- Train virologists from around the world in advanced poliovirus research and public health laboratory support. CDC's Atlanta laboratories serve as a global reference center and training facility.
- Provide the largest volume of operational (poliovirus isolation) and technologically sophisticated (genetic sequencing of polio viruses) lab support to the 145 laboratories of the global polio laboratory network. CDC has the leading specialized polio reference lab in the world.
- Serve as the primary technical support agency to WHO on scientific and programmatic research regarding: (1) laboratory containment of wild poliovirus stocks following polio eradication, and (2) when and how to stop or modify polio vaccination worldwide following global certification of polio eradication.

The CDC also supports global polio eradication by participating in technical advisory groups, EPI manager and other key meetings. The CDC also published eight updates on progress toward polio eradication in the Morbidity and Mortality Weekly Report (MMWR) and planned the following operational research projects:

Southeast Asia

- Participated in/coordinated the 5-arm clinical trial of IPV and OPV in Moradabad, India, showing high seroprevalence against WPV1 upon enrollment at 6-9 months of age.
- Designed AFP seroprevalence investigations in West Uttar Pradesh, also showing high seroprevalence against WPV1 at 6-9 months of age.
- Designed, planed and supervised expanded surveillance in India.
- Participated in AFP surveillance reviews in northern India.
- Participated in an EPI/Surveillance Review in Indonesia.
- Assisted in the preparation of Kosi area/Indian high-risk district polio eradication intensification plan.

Eastern Mediterranean area and Africa

- Completed the investigation of cases following three importations into Angola from India. This included conducting a case-control study indicating apparent risk factors of traveling adults in the households.
- Planned, trained, deployed and supervised extended STOP teams (eSTOP) (larger, well-experienced teams for lower level oversight of SIA planning and implementation) in South Sudan and Nigeria.
- Participated in outbreak response planning and implementation following importations in West Africa originating from Nigeria, following importations in central Africa originating from Nigeria/Angola and importations in the countries of the Horn of Africa originating from Sudan.
 - Eight missions to seven countries of West Africa and one to a country of central Africa
 - 13 missions to four countries of the Horn of Africa
- Participated in an assessment of Integrated Disease Surveillance in South Africa
- Participated in a mid-level management training in Nigeria
- Organized a comprehensive evaluation of SIA implementation in Nigeria, with piloting of data collection at the end of 2009, for implementation in early 2010.

FISCAL YEAR 2011 BUDGET REQUEST

For Fiscal Year 2011, we respectfully request that you include \$102 million for the targeted polio eradication efforts of the Centers for Disease Control and Prevention. The funds we are seeking will allow CDC to continue intense supplementary immunization activities in Asia and improve the quality of immunization campaigns in Africa to interrupt transmission of polio in these regions as quickly as possible. These funds will also help maintain certification standard surveillance. This will ensure that we protect the substantial investment we have made to protect the children of the world from this crippling disease by supporting the necessary eradication activities to eliminate polio in its final strongholds—in South Asia and sub-Saharan Africa.

The United States' commitment to polio eradication has stimulated other countries to increase their support. Other countries that have followed America's lead and made special grants for the global Polio Eradication Initiative include the United Kingdom (\$897.89 million), Japan (\$376.6 million), Germany (\$378.77 million), and Canada (\$272.25 million). Since 2002, the members of the G8 have committed to provide sufficient resources to eradicate polio. G8 member states, many of which were already leading donors to the Polio Eradication Initiative, have encouraged other donors to provide support, and have emphasized the importance of polio eradication when meeting with leaders of polio-endemic countries. As a result, the base of donor nations that have contributed to the Global Polio Eradication Initiative has expanded to include Spain, Sweden, Saudi Arabia, and even contributions from United Arab Emirates, Kuwait, Hungary, and Turkey.

Endemic nations are also providing funds to support polio eradication activities. It is noteworthy that India has provided US\$692 million in funding for polio eradication activities there since 2003, Nigeria has provided approximately US\$61.75 million, and Pakistan has provided US\$50 million.

BENEFITS OF POLIO ERADICATION

Since 1988, over 5 million people who would otherwise have been paralyzed will be walking because they have been immunized against polio. Tens of thousands of public health workers have been trained to investigate cases of acute flaccid paralysis and manage massive immunization programs. Cold chain, transport and communications systems for immunization have been strengthened.

Increased political and financial support for childhood immunization has many documented long-term benefits. Polio eradication is helping countries to develop public health and disease surveillance systems useful in the control of other vaccine-preventable infectious diseases. Already all 47 countries of the Americas are free of indigenous measles, due in part to improvements in the public health infrastructure implemented during the war on polio. The disease surveillance system--the network of 145 laboratories and trained personnel established during the Polio Eradication Initiative--is now being used to track measles, rubella, yellow fever, meningitis, and other deadly infectious diseases. The AFP surveillance system and global laboratory network that supports it will continue to support the surveillance of other diseases long after polio has been eradicated.

NIDs for polio have been used as an opportunity to give children essential vitamin A, which, like polio, is administered orally, saving the lives of at least 1.25 million children since 1988. The campaign to eliminate polio from communities has led to an increased public awareness of the benefits of immunization, creating a "culture of immunization" and resulting in increased usage of primary health care and higher immunization rates for other vaccines. It has improved public health communications and taught nations important lessons about vaccine storage and distribution, and the logistics of organizing nation-wide health programs. Additionally, the unprecedented cooperation between the public and private sectors serves as a model for other public health initiatives.

The justification for further financing to complete the job of polio eradication is sound. Failure to achieve success would have significant humanitarian and economic consequences. Within the next decade, hundreds of thousands of children would again be paralyzed for life by the disease. Billions of dollars would have to be spent on outbreak response activities, rehabilitation and treatment costs, and the associated loss of economic productivity. Success, on the other hand, will ensure that the significant investment made by the US, Rotary International, and many other countries and entities, is protected in perpetuity.

The strong resolve of the remaining polio affected countries combined with the continued leadership of the United States and other global donors will ensure that we seize the opportunity to banish the crippling polio virus to the history books. The lessons learned from the shared victory of governments, UN agencies, and civil society entities like Rotary International will leave a lasting legacy for future public health and development initiatives.